



Clinical Congress News

The American College of Surgeons • 87th Clinical Congress • October 7-12, 2001 • New Orleans

The evidence-based medicine/data interface: New tools for today's surgeons

Clearly there is a new lexicon out there that many of us are not familiar with," William D. Hardin, Jr., MD, FACS, said yesterday, while moderating the general session titled Informatics and Evidence-Based Medicine: The Crossroad. The session was sponsored by the Regents' Committee on Informatics to help surgeons attain a greater understanding of many terms frequently mentioned in discussions of modern surgical care, including "outcomes research," "effectiveness," "randomized controlled trials," and "quality." The program also demonstrated how data are becoming more meaningful to surgical practice and how various organizations are using data to develop useful standards of care.

"It's really data that will drive quality of care," added Dr. Hardin, a pediatric surgeon at Children's Hospital of Alabama in Birmingham. "More and more you're going to find there is true value in the data."

Robin S. McLeod, MD, FACS, professor of colon-rectal surgery at the University of Toronto, ON, went on to explain how the data are relevant to one of the unfamiliar phrases that Dr. Hardin mentioned—evidence-based medicine. She defined evidence-based medicine

(EBM) as "the conscientious, explicit, and judicious use of current best evidence from clinical care research in the management of individual patients." EBM involves conducting studies that yield best evidence, disseminating and accessing the information, and critically appraising the evidence, she said.

There are five levels of evidence, Dr. McLeod said. They are randomized controlled trials, cohort studies, case-controlled studies, case-series studies, and expert opinion. Randomized clinical trials (RCTs) originated in the 1960s and have become the "gold standard" for medical research. RCTs are defined by their use of a concurrent control group, random allocation of patients, and "standardized maneuver."

Ultimately, the information that becomes available through RCTs and other types of evidence will be used to develop practice guidelines, which Dr. McLeod categorized as systematically developed statements to assist physicians and patients who are trying to make the best possible medical decisions.

However, it is too soon for the profession to produce many practice guidelines or make surgical decisions based on the existing evidence. Dr. McLeod

noted that there are several issues related to practicing EBM: (1) a lack RCTs, (2) the inadequacy of the evidence drawn from RCTs, (3) an unclear understanding of the role of outcome studies, and (4) an inability to adequately assess new technology, a process often left to industry.

In addition, Dr. McLeod pointed out what EBM is not. She said EBM "is not an excuse to limit doctors' ability to do their best" or a ploy to cap access to resources, nor is it just outcomes studies or just practice guidelines.

Brent Blumstein, PhD, group statistician for the American College of Surgeons Oncology Group (ACOSOG), further detailed the value of RCTs and explained how ACOSOG is using information gathered through its clinical trials to enhance cancer care.

Dr. Blumstein said that ACOSOG, housed at Duke University in Durham, NC, serves as a coordinating center (CC). CCs involve both the workers studying disease and the patients who have agreed to participate in those studies. They produce the "valid and timely report of findings" through journals, reports, or a documented data set. Their primary management mission is to confirm the validity and timeliness of a study.

All of ACOSOG's clinical trials are RCTs, which Dr. Blumstein defined as "formal experiments on humans" and "the only truly valid method of comparing interventions."

ACOSOG is part of a cooperative oncology group coordinated by the National Cancer Institute (NCI). The NCI group was established in 1955 to "magnify accrual" of cancer intervention data "through multicenter execution of studies designed by consensus" of the

group's 12-plus members. ACOSOG received its grant from the NCI to conduct trials on issues of importance to surgeons in May 1998.

Dr. Blumstein added that surgeons who truly are concerned about EBM and cancer care should try to work for the NCI. "There are not enough surgeons at the NCI," he said.

Another organization that is becoming very involved in RCTs and evidence-based medicine is the American Burn Association, according to Jeffrey Saffle, MD, FACS, president of that organization and professor of surgery and director of the Intermountain Burn Center at the University of Utah, Salt Lake City.

Because burn surgery is "a very small specialty," the American Burn Association joined with the College's TRACS™ to develop a computerized registry of burn patients. In 2000, the National Burn Data Bank was established, Dr. Saffle said. At this point, the repository contains about 40,000 cases, and this year version 2.0 of its computerized data system became available. "Some of that data can be used to show improvements in burn care since as far back as 1949," he added.

One of the purposes of collecting the data is to help certify burn centers. In 1994, the American Burn Association began working the ACS Committee on Trauma to design a burn center verification process. In 1995, the first center received verification, and as of 2001, more than 60 of the burn centers in the U.S. have been verified.

This burn center verification process is considered very important at this time because the total number of burn centers in the U.S. has dropped by 14 percent in the last 15 years. As a result, Dr.

(continued on page 2)



The 2001 National Safety Council's Surgeons Award for Service to Safety was presented this year to C. James Carrico, MD, FACS (center), who is "internationally recognized as an eminent surgical scientist and humanitarian dedicated to the care of the injured and who has focused his professional reputation to bring brilliant illumination to the issues of injury prevention and safety." Dr. Carrico is Chair of the Board of Regents.

Presenting the award on Monday evening on behalf of the National Safety Council were David B. Hoyt, MD, FACS (left) Chair, Committee on Trauma, and Ronald V. Maier, MD, FACS, president, American Association for the Surgery of Trauma.

Martin Memorial update

Due to a last-minute cancellation, Rev. Peter J. Gomes will not be presenting the Martin Memorial Lecture on Thursday afternoon. Instead, the College has scheduled a session titled Unconventional Civilian Disasters: What the Surgeon Should Know.

David B. Hoyt, MD, FACS, San Diego, CA, Chair of the College's Committee on Trauma, will present A Community

"Systems Response." Donald Fry, MD, FACS, Albuquerque, NM, will discuss Chemical and Biological Disasters—The Details.

The session will take place from 3:15 to 3:55 pm in the Conference Auditorium of the Morial Convention Center. This timely program will be followed by the Annual Meeting of Fellows and Initiates.

EVIDENCE, from page 1

Saffle said, “burn research is not keeping pace with the demand for evidence-based medicine.”

Nonetheless, in 1998, the American Burn Association began its effort to meet the demand for standards of burn care by forming a group focused on the development of practice guidelines for burn care and injuries related to smoke inhalation. The group received a total of \$75,000 in funding for the project, which was run in compliance with the rules of the American Medical Association’s office of quality assurance. “We wound up mostly reporting on the paucity of data,” Dr. Saffle said.

More recently, the American Burn Association also has established a multi-center trials group, which has 29 members and involves 23 institutions. This group is conducting two retrospective reviews of the data collected through TRACS and the American Burn Association. Additionally, it has RCTs under way at 13 centers.

The session concluded with Ronald B. Hirschl, MD, FACS, associate professor

of surgery at the University of Michigan, Ann Arbor, discussing clinical trials related to the use of extracorporeal life support (ECLS) for newborns.

Dr. Hirschl noted that when this technology was first introduced, the mortality rate among infants receiving the cardiac, respiratory, and renal support was about 80 percent. Over the years, the Extracorporeal Life Support Organization (ELSO) has developed a sophisticated registry that leads to better data validation and, therefore, information that can be applied toward better outcomes. For example, the registry has changed to a relational data base structure and consolidated information into a single schema. The repository can now assess experience with the use of ECLS in treating specific diseases.

Additionally, the ELSO has been able to use the data for device approval. As surgeons become more involved in EBM, “registries may provide powerful means for assessing clinical interventions,” Dr. Hirschl added.



James C. Thompson, MD, FACS (left), Chair of the Fellows Leadership Society (FLS), presented the Distinguished Philanthropist Award to Pon Satitpunwaycha, MD, FACS, at the FLS luncheon on Monday afternoon.



Bernardo Ochoa, MD, FACS (right), a retired surgeon from New Orleans, with his son, Juan Bernardo Ochoa, MD, a trauma/critical care surgeon from Pittsburgh, PA, who will become a Fellow of the American College of Surgeons at Convocation ceremonies on Thursday evening.

College welcomes minority high school students today

The Graduate Medical Education Committee will again host its minority high school student mentoring program, “A Day at the American College of Surgeons.” The project is designed to identify and recruit African-American and Hispanic students into the medical profession and eventually into surgery. The continued aim of this program is to provide information to high school students, their families, and their counselors about college and medical school requirements.

A total of 125 minority 10th and 11th grade students from 14 New Orleans public schools have been invited to

attend the Clinical Congress today. This program is an exciting opportunity for these young people to meet and interact with surgeons from all over the world. Surgeons have been recruited to be mentors for these students and will spend a half day with them. The program will also include a visit to the exhibit hall. Look for them, and greet them warmly!

If you are interested in learning more about this program, please contact Donna Coulombe in the Education and Surgical Services Office located near the registration area in Hall E of the Morial Convention Center.



Pictured are attendees of the Advanced Trauma Life Support (ATLS) International Meeting, which took place this past Friday and Saturday.

Tissue-engineered cells from peripheral blood produce functioning heart valves

Mature smooth muscle and endothelial cells have been used by researchers from Boston Children's Hospital and Harvard Medical School to generate tissue-engineered constructs that have the structure and function of heart valves. In early experiments, the researchers obtained these cells by removing a section of the carotid artery. According to a paper presented at the Surgical Forum yesterday afternoon, functioning heart valves can be created from cells in the peripheral blood that are routinely tapped for testing. The ability to isolate cells from peripheral blood will make it more likely that researchers will be able to apply tissue engineering to human models of congenital heart disease.

In previous studies, investigators from Boston Children's Hospital found that, after placing mature smooth muscle cells and endothelium on biodegradable scaffolds, the cells proliferated and produced an extracellular matrix similar to

that of natural occurring heart valves. The scaffolds are spontaneously degraded, leaving only the newly formed valve. "You end up with a construct that not only looks like a heart valve, it also functions like a valve," Tjorvi E. Perry, MD, research fellow, said.

In prior animal experiments, the surgeons typically obtained cells for heart valve tissue engineering from a two- to three-centimeter sample of carotid artery. Before they could apply the new tissue-engineered research to humans, however, the surgeons needed to find a less invasive method and alternative source of cells, and they found that circulating peripheral blood contained suitable cells. "We were able to find cells circulating in the peripheral blood that had the ability to adhere to the scaffold, to proliferate, and to lay down extracellular matrix to form tissue," Dr. Perry explained.

The study reported at the Surgical Forum showed that cells from peripheral blood formed tissue that was anatomi-

cally similar to heart valves. The cells also demonstrated mechanical properties of heart valves in biochemical flexure testing, conducted by Michael Sacks, PhD, from the University of Pittsburgh. Samples of tissue-engineered heart valves had an effective stiffness comparable to that of native heart valve leaflets.

The researchers' objective is to develop tissue-engineered heart valves for children born with congenital heart disease, such as truncus arteriosus, and some forms of tetralogy of Fallot, which severely or totally blocks the flow of blood from the right ventricle to the lungs. "These children have to undergo reconstructive surgery that inserts some type of replacement heart valve device, such as a bioprosthetic valve. However, because these devices do not grow, they eventually restrict blood flow as the child grows. The devices may last only five to 10 years, and in 10 years, the majority of patients will have to undergo surgery again to place a new valve

device," Dr. Perry explained. The researchers hope that the tissue-engineered valves will be a more effective alternative, "if they grow contemporaneously with surrounding tissue and do not limit blood flow," he added.

The next steps in this research are to reproducibly construct valves that are durable and have the potential for growth, and test them in animals. "We consistently have to be able to bioengineer a valve that meets a set of criteria that make it better than existing replacement devices. Once those criteria are met in animal studies, we will start thinking about human implantation," Dr. Perry said.

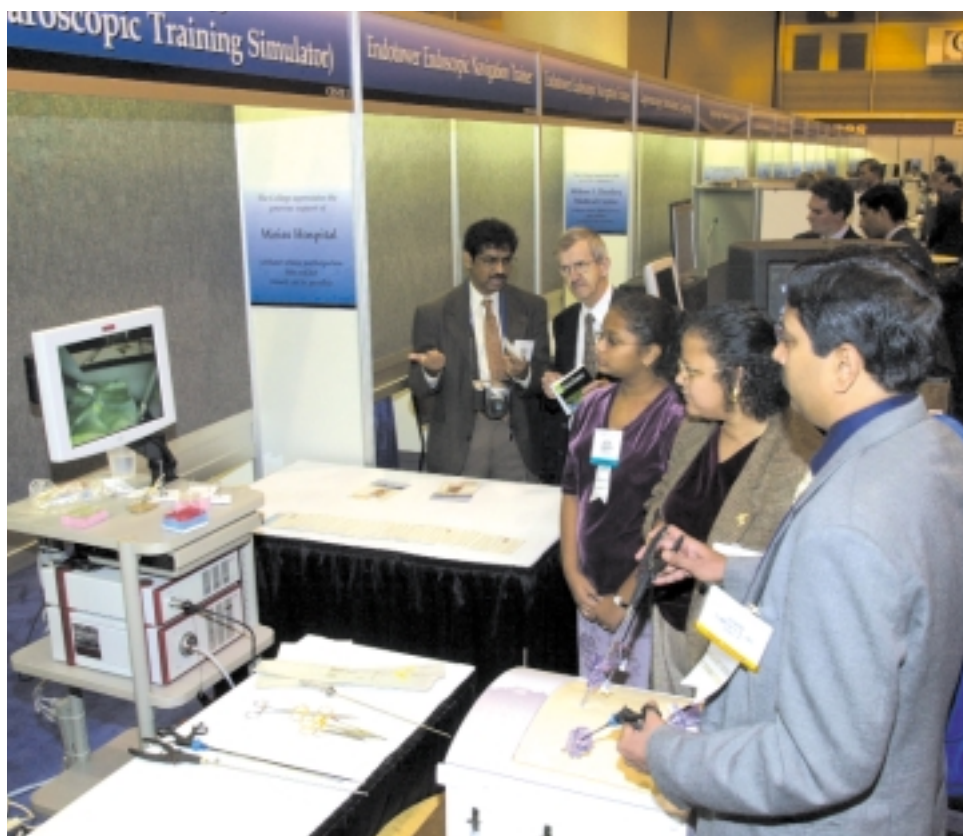
Dr. Perry's research colleagues in the study were Sunjay Kaushal, MD, PhD; Boris Nasser, MD; Fraser W.H. Sutherland, FRCS; Jun Wang, MD; Kristine J. Guleserian, MD; Joyce Bischoff, PhD; Joseph Vacanti, MD; Michael Sacks, PhD; and John E. Mayer, Jr., MD.

Initiates' Program will celebrate the "joy of surgery"

The ACS Committee on Young Surgeons will once again sponsor the Initiates' Program, which will be held on Thursday afternoon in Room 353-355 of the Morial Convention Center. Titled The Joy of a Surgical Career, the session will be moderated by Brian B. Burkey, MD, FACS, Nashville, TN.

Topics and speakers are as follows: Balancing Your Life and Your Career, by

Frederick L. Greene, MD, FACS, Charlotte, NC; Adapting to Change: Surgery in a Rural Practice, by Gary L. Timmerman, MD, FACS, Sioux Falls, SD; Women in Surgery: Challenges and Rewards, by Susan E. Mackinnon, MD, FACS, St. Louis, MO; and The Challenges of a Two-Career Couple, by G. Alexander Patterson, MD, FACS, St. Louis, MO.



Congress attendees are urged to visit the "State of the Art in Surgical Simulation" exhibit in the scientific exhibit area of the convention center. The exhibit is sponsored by the ACS Committee on Emerging Surgical Technology and Education (CESTE).



Don't miss your Friday CCN

Fellows who will not be in New Orleans on Friday to pick up their copy of the *Clinical Congress News* (CCN) may obtain one by notifying the CCN office in the Morial Convention Center (tel. 670-4914)—we will be happy to mail the issue to you.

The Friday issue contains information on:

- Coverage of the Presidential Address of R. Scott Jones, MD, FACS
- Convocation activities
- The recipient of the Distinguished Service Award
- Announcement of the College's President-Elect and other Officers-Elect
- Information on new and re-elected Regents and Governors

Also, any back issues of this week's CCN may be obtained after the Congress by contacting Stephen Regnier, Communications, 633 N. Saint Clair St., Chicago, IL 60611-3211; tel. 312/202-5331, e-mail sregnier@facs.org.

Allied Meetings

Wednesday

Morning

Association of Women Surgeons, Networking Breakfast
7:00 am - 10:00 am Breakfast
New Orleans Marriott, La Galerie 3, Floor 2

Afternoon

Central Surgical Association - Membership Committee
12:00 pm - 3:00 pm Meeting/Luncheon
Hilton New Orleans Riverside, Prince of Wales, Floor 2

American Society of Colon and Rectal Surgeons - Quality Assessment & Safety Committee
12:00 pm - 1:30 pm Meeting/Luncheon
Hilton New Orleans Riverside, Magnolia, Floor 3

American Society of Colon and Rectal Surgeons - Professional Outreach Committee
4:00 pm - 5:00 pm Meeting
Hilton New Orleans Riverside, Magnolia, Floor 3

Evening

American Society of Colon and Rectal Surgeons - General Surgery Residents
5:00 pm - 6:30 pm Reception
Morial Convention Center, 242, Floor 2

SAGES - Joint Symposium with SSAT
5:00 pm - 9:00 pm Meeting
New Orleans Marriott, La Galerie 2, Floor 2



University of Colorado Department of Surgery
5:30 pm - 7:30 pm Reception
Hilton New Orleans Riverside, Belle Chase, Floor 3

Columbia Presbyterian (John Jones Surgical Society) and P&S Alumni Association
6:00 pm - 8:00 pm Reception
Hilton New Orleans Riverside, Melrose, Floor 3

Metropolitan Group Hospitals Residency in General Surgery
6:00 pm - 8:00 pm Reception
Hilton New Orleans Riverside, Rosedown, Floor 3

Society of Graduate Surgeons of LAC/USC
6:00 pm - 8:00 pm Reception
Hilton New Orleans Riverside, Jasperwood, Floor 3

Southern California Chapter, ACS
6:00 pm - 7:30 pm Reception
Hilton New Orleans Riverside, Salon A Sec. 3, Floor 1

Mayo Medical Alumni Association
6:30 pm - 8:00 pm Reception
Hilton New Orleans Riverside, Oak Alley, Floor 3

Michigan State University Department of Surgery
7:00 pm - 9:00 pm Reception
New Orleans Marriott, La Galerie 1, Floor 2

Meharry Medical College & Matthew Walker Surgical Society
7:00 pm - 9:00 pm Reception
Hilton New Orleans Riverside, Elmwood, Floor 3

Thursday

Morning

American Society of Colon and Rectal Surgeons, International Committee
7:00 am - 8:00 am Breakfast Meeting
Hilton New Orleans Riverside, Magnolia, Floor 3

American Society of Colon and Rectal Surgeons, Research Foundation Research Committee
7:30 am - 9:30 am Breakfast Meeting
Hilton New Orleans Riverside, Marlborough B, Floor 2

Society of Surgical Chairmen
7:30 am - 5:30 pm Meeting
Windsor Court, La Gallery A/B, Floor 4

American Society of Colon and Rectal Surgeons, Membership Committee
8:00 am - 9:00 am Breakfast Meeting
Hilton New Orleans Riverside, Rosedown, Floor 3

American Society of Colon and Rectal Surgeons, Standards Committee
11:30 am - 4:00 pm Meeting/Luncheon
Hilton New Orleans Riverside, Rosedown, Floor 3

Program Changes

Technical Exhibits

New:

American Medical Industries
Miami, FL
Booth # 326

Change:

Simulab Corporation
Seattle, WA
From booth 1661 to 261

Scientific Exhibits

SE 100
Colocolonic Intussusception from Metastatic Renal Cell Carcinoma
Andrew W. Saxe, MD, FACS, Michigan State University, East Lansing, MI

SE 101
Malone Antegrade Continent Enema (MACE)-Application of a Pediatric Procedure to an Adult with Pseudo-obstruction Coli: A Case Report and Review of the Literature
Andrew W. Saxe, MD, FACS, Michigan State University, East Lansing, MI

SE 102
Concurrent Rectal and Genital Prolapse: Two Pathologies - One Joint Operation
Izhack Bayer, MD, Rabin Medical Center, Golda Campus, Petah Tiqva, Israel

SE 103
Lateral Sphincterotomy Is the Most Efficient Treatment for Chronic Anal Fissure: Our Experience with 1,291 Operated Cases
Izhack Bayer, MD, Rabin Medical Center, Golda Campus, Petah Tiqva, Israel

SE 104
Malar Metastasis from Colon Carcinoma: A Case Report

Albert Rienzo, MD, Monmouth Medical Center, Long Branch, NJ

SE 105
Retroperitoneal Colon Perforation Presenting as Pneumomediastinum
Ted A. James, MD, North Shore University Hospital, Manhasset, NY

SE 106
The Effect of Technological Advancement on Resident Education in Gall Bladder Surgery
Vijay Trisal, MD, Vijay Mittal, MD, FACS, Providence Hospital, Southfield, MI

SE 107
Management of an Unusual Complication of Reversal of Colostomy: A Novel Approach
Yenumula, Athigaman, Paritjivel, Safaya, Raman, Sajja, Bronx-Lebanon Hospital Center, Bronx, NY

SE 108
The Spectrum of Retrorectal Tumors: A Management Challenge for the Surgeon
Harry L. Reynolds, Jr., MD, FACS, University Hospitals of Cleveland, Case Western Reserve University, Cleveland, OH, Duke University Medical Center, Duke University,

SE 109
Proximal Colon Cancer and Comorbid Disease: Recommendation for Screening Colonoscopy
LaCesha Brintley, MD, St. Joseph Mercy Oakland Hospital, Pontiac, MI

SE 110
The Learning Curve for Laparoscopic Colectomy
Wai Yip Chau, MD, North Oakland Medical Centers, Pontiac, MI

SE 112
Unusually Aggressive Rectal Carcinoid Metastasizing to Larynx, Pancreas, Adrenals, and Brain

James Hardy III, MD, Monmouth Medical Center, Long Branch, NJ

SE 113
Fast Track Video-Assisted Thoracic Surgery
Ourania Preventza, MD, John Hramiec, MD, FACS, Providence Hospital, Southfield, MI

SE 114
Comparative Analysis of Lymphazurin 1% vs Fluorescein 10% for Sentinel Lymph Node Mapping in Colorectal Tumors
Sukamal Saha, MD, FACS, McLaren Regional Medical Center, Michigan State University, Flint, MI.

SE 115
Small Bowel Adenocarcinomas and Their Relation to Colon Lesions
Robyn Sachs, MD, Monmouth Medical Center, Long Branch, NJ

SE 116
Testicular Metastasis from Ileal Carcinoid: Report of a Case
Robyn Sachs, MD, Monmouth Medical Center, Long Branch, NJ

SE 117
Advantages and Significance of Using Water Soluble Barium Swallow (Gastrografin) in Early Diagnosis of Post-Op Adhesion in Intestinal Obstruction at East Avenue Medical Center
Waldo Malik Mandai Al-hadj, MD, Florentino C. Doble, MD, FPCS, Nilo C. Delos Santos, MD, FPCS, George G. Lim, MD, FPCS, Victoria H. Mandai, MD, MHM, East Avenue Medical Center, Quezon City, Philippines

SE 119
Laparoscopic Colectomy for Chronic Diverticular Disease
Ammit J. Dwivedi, MD, North Oakland Medical Centers, Pontiac, MI, and Wayne State University, Detroit, MI

SE 120
Pilonidal Disease: Misunderstood Therefore Over Treated - When Understood Simply Treated
James H. Pingree, MD, FACS, Cottonwood Hospital Medical Center, Murray, UT

SE 121
Local Resection of a Low-Lying Tubulovillous Adenoma of the Anterior Rectum via an Anterior Perineal Approach
Adora Fou, MD, Sound Shore Medical Center of Westchester, New Rochelle, NY

SE 145
Objective Evaluation of Clinical Skills with a Simulator
Carla Pugh, MD, Stanford University, Stanford, CA

SE 146
The Art and Science of Electrosurgery Principles, Applications, and Risks
Kevin Hughes, MD, Valley Lab Institute of Continuing Education, Boston, MA

SE 147
Teaching Medical Students in Consortium-Based Surgical Residency Programs
Vijay K. Mittal, MD, FACS, OHEP Center for Medical Education, Southfield, MI

SE 148
Coordination of Surgical House Staff Physicians Team Activities to Yield Optimal Patient Care/Teaching Results: Personal Experience Since 1986
Albert K. Adu, MD, FACS, Department of Surgery, Harlem Hospital Center, New York, NY

SE 149
Career Pathways of Graduates of General Surgery Residence Programs: An Analysis of Graduates from 1983-1990
Francis Kwakwa, American College of Surgeons, Chicago, IL



Medical students attending this year's Congress and members of the Committee on Surgical Education in Medical Schools (CSEMS) gathered for a group picture on Sunday evening.

Front row, left to right: Susan Kaiser, MD, FACS (CSEMS member); Linda G. Phillips, MD, FACS (CSEMS member); Toni M. Ganzel, MD, FACS (CSEMS member); Chandra Varner, George Washington University School of Medicine and Health Sciences, Washington DC; Danielle Dabbs; Ava Leegant, Temple University School of Medicine, Philadelphia PA; Everett James Bonner, Jr., Louisiana State University School of Medicine in New Orleans, New Orleans LA; Leigh Anne Neumayer, MD, FACS (CSEMS Vice-Chair); Asher A. Turney, Meharry Medical College School of Medicine, Nashville TN; Jayme Locke, East Carolina University School of Medicine, Greenville NC; Audrey Bolanowski, MCP Hahnemann School of Medicine, Medical College of Pennsylvania, Philadelphia PA; James F. McKinsey, MD, FACS (CSEMS member); Thomas G. Lynch, MD, FACS (CSEMS Chair); and Hugh M. Foy, MD, FACS (CSEMS member).

Middle row, left to right: Kevin Bruen, University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, NC; Nathan C. Walk, Johns Hopkins University School of Medicine, Baltimore MD; Paula Denoya, Mount Sinai School of Medicine of the City University of New York, New York NY; David A. Rogers, MD, FACS (CSEMS member); Sophia Curtis Johnson, Morehouse School of Medicine, Atlanta, GA; Kenneth A. Thompson, University of Alabama, Birmingham, AL; Jennifer Ann Smith, Jefferson Medical College of Thomas Jefferson University, Philadelphia PA; Christian Finley, University of British Columbia Faculty of Medicine, Vancouver, BC; Greg Johnston, Eastern Virginia Medical School, Norfolk VA; Abby Mulkeen, UMDNJ New Jersey Medical School, Newark, NJ; Richard Wirges, University of Arkansas College of Medicine, Little Rock, AR; Zoe Stewart, PhD, Vanderbilt University School of Medicine, Nashville, TN; Whitney Spannuth, East Tennessee State University James H. Quillen College of Medicine, Johnson City, TN; Marcia McGory, New York Medical College, Valhalla, NY; Karen E. Deveney, MD, FACS (CSEMS member); and Paul Schwartz, PhD, Albany Medical College, Albany, NY.

Back row, left to right: Karen E. Anderson, Virginia Commonwealth University School of Medicine, Richmond, VA; Steven Milman, Cornell University Medical College, New York, NY; Adam C. Alder, Tulane University School of Medicine, New Orleans, LA; Christopher C. Baker, MD, FACS (CSEMS member); Hugh Dainer, MC, USNR, Uniformed Services University of the Health Sciences, F. Edward Herbert School of Medicine, Bethesda, MD; Jason Hall, Bowman Gray School of Medicine of Wake Forest University, Winston-Salem, NC; Ariana Smith, Albert Einstein College of Medicine of Yeshiva University, Bronx, NY; Joseph A. Greco III, Medical College of Georgia School of Medicine, Augusta, GA; Jay M. Zampini, Robert Wood Johnson Medical School; Adam Shimer, University of Virginia School of Medicine Health Sciences Center, Charlottesville, VA; Damian N. Sorce, University of Pittsburgh School of Medicine, Pittsburgh, PA; Kelly Migliero, Columbia University College of Physicians and Surgeons, New York, NY; and Joshua Brian Glenn, Mercer University School of Medicine, Macon, GA.



The 11th edition of the College's classic home study program, the Surgical Education and Self-Assessment Program (SESAP) may be previewed this week in the ACS Resource Center, located in Hall E of the convention center. SESAP 11 is also available in a time-saving audio format.



Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 11,657; 6,203 were physicians and the rest were exhibitors, guests, spouses, or convention personnel.